

2010 JAN 19 AM 9:36

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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

PAUL SHOMSHOR

Political Party (if applicable)

DEMOCRAT

Office Sought

IOWA HOUSE

District (if Senate or House)

100

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1490

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Paul Shomshor

712-325-0638

01/15/2010

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

01/14/2010

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

10,115.48

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

21,855.22

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

5,367.71

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

16,487.51

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

-0-

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

1,795.64

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

-0-

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

-0-

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHUR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/10/2009	ID# 6087 CK# 1642	IOWA TELECOMMUNICATIONS PAC 2987 100TH ST. URBANDALE IA 50322		\$ 500.00	<input checked="" type="checkbox"/>
01/10/2009	ID# CK#	KYLE FREITZ 107 E 5TH ST - STE 206 DES MOINES IA 50309		100.00	<input type="checkbox"/>
01/10/2009	ID# 6070 CK# 3806	IOWA BAR ASSOCIATION - LAW PAC 625 EAST COURT AVE DES MOINES IA 50309		100.00	<input type="checkbox"/>
01/10/2009	ID# 6146 CK# 1852	HOME BUILDERS ASSN OF IOWA 3072 104TH ST URBANDALE IA 50322		250.00	<input type="checkbox"/>
01/10/2009	ID# 6277 CK#	SHEET METAL CONTRACTORS PAC 1545 30TH ST - STE 201 WEST DES MOINES IA 50266		100.00	<input type="checkbox"/>
01/10/2009	ID# 6498 CK# 1901	WELL PAC 636 GRAND AVE - STATION 13 DES MOINES IA 50309		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,300.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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01/10/2009	ID# 6430 CK# 1620	IOWA RURAL WATER STATE PAC 101 NORTH J STREET OSKALOOSA IA 52577		\$ 150.00	<input type="checkbox"/>
01/10/2009	ID# 6430 CK# 1546	IOWA RURAL WATER STATE PAC 101 NORTH J STREET OSKALOOSA IA 52577		100.00	<input type="checkbox"/>
01/10/2009	ID# CK#	STACY CYCLIA TOMLONOVIC 1245 - 40TH ST. DES MOINES IA 50311		25.00	<input type="checkbox"/>
01/10/2009	ID# 6125 CK# 2784	IOWA REALTORS PAC 250 12TH AVE - SUITE 150 CORALVILLE IA 52241		1,000.00	<input type="checkbox"/>
01/10/2009	ID# 9768 CK# 2529	AMERZSTAR PAC PO BOX 363 COUNCIL BLUFFS IA 51502		250.00	<input type="checkbox"/>
01/10/2009	ID# CK#	THREASE HARMS 1908 79TH ST WINDSOR HEIGHTS IA 50322		100.00	<input type="checkbox"/>
01/10/2009	ID# 6021 CK# 2384	CREDIT UNION PAC PO BOX 10409 DES MOINES IA 50306		250.00	<input type="checkbox"/>
01/10/2009	ID# 6351 CK# 1536	PETROLEUM MARKETERS PAC 10430 NEW YORK AVE URBANDALE IA 50322		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
01/10/2009	ID# 4737 CK# 1160	IA HORSEMANS PAC 2185 - 272ND DR - BEFORD IA 50833		100.00	<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 2,075.00

\$

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/10/09	ID# CK#	THE DAILY NON PROFIT 535 WEST BROADWAY COUNCIL BLUFFS IA 515	REIMBURSEMENT OF ADVERTISING	\$ 39.74	<input type="checkbox"/>
07/14/2009	ID# 6077 CK# 2062	IOWA PHARMACY PAC 8515 DOUGLAS - STE 6 DES MOINES IA 50322		100.00	<input checked="" type="checkbox"/>
07/14/2009	ID# 6070 CK# 3869	IOWA LAW PAC 625 EAST COURT AVE DES MOINES IA 50309		100.00	<input checked="" type="checkbox"/>
07/16/2009	ID# CK# 5901	WILLS FORGO PAC 6714 + MARQUETTE MINNEAPOLIS MN 55479		250.00	<input checked="" type="checkbox"/>
07/20/2009	ID# 6052 CK# 3403	INDEPENDENT INSURANCE AGENTS 400 WESTOWN PKWY WEST DES MOINES IA 50265		250.00	<input checked="" type="checkbox"/>
07/20/2009	ID# 6058 CK# 4487	IOWA CHIROPRATIC SOCIETY 1605 N AUKENY BLVD-100 AUKENY IA 50023		100.00	<input checked="" type="checkbox"/>
07/21/09	ID# CK# 5323	ANDREW BAUMERT 5068 CORCHLIGHT DR WEST DES MOINES IA 50265		25.00	<input checked="" type="checkbox"/>
07/21/09	ID# CK# 1085	CHAD RUSSELL 1510 BELL AVE DES MOINES IA 50315		100.00	<input checked="" type="checkbox"/>
07/21/09	ID# 6073 CK# 1294	IOWA MEDICAL PAC 1001 GRAND AVE WEST DES MOINES IA 50265		250.00	<input checked="" type="checkbox"/>
07/21/09	ID# 6400 CK# 708	IOWA RESTAURANT ASSN 8525 DOUGLAS - STE 47 DES MOINES IA 50322		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,314.74

TOTAL (if last page of this schedule)

\$

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Page 3 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/21/09	ID# 6064 CK# 3007	IOWA FORE PAC 8525 DOWNS - 48 STE DES MOINES IA 50322		\$ 500.00	<input checked="" type="checkbox"/>
07/24/09	ID# 6099 CK# 1222	MEREDITH CORP PAC 1716 LOCUST ST. DES MOINES IA 50309		100.00	<input checked="" type="checkbox"/>
08/17/09	ID# CK# 4355	STEVEN ACKERSON 1634 NW 13TH ST CLIVE IA 50325		100.00	<input type="checkbox"/>
08/17/09	ID# 6067 CK# 4051	IOWA HEATH PAC WEST DES MOINES IA 50266		500.00	<input type="checkbox"/>
08/19/09	ID# 6021 CK# 2484	CREDIT UNION PAC PO BOX 10409 DES MOINES IA 50306		1,000.00	<input type="checkbox"/>
09/01/2009	ID# 8398 CK# 9125	WEETIA FUND S GIRACDA FARMS MADISON NJ 07940		100.00	<input type="checkbox"/>
09/27/2009	ID# 6098 CK# 3669	IOWA BEV PAC 321 E WALNUT - STE 310 DES MOINES IA 50309		1,000.00	<input type="checkbox"/>
09/28/2009	ID# 8140 CK# 7021	PZIFER PAC 235 E. 42ND ST. NY NY 10017		200.00	<input type="checkbox"/>
10/09/2009	ID# 6160 CK# 2420	COMMUNITY BANKERS PAC 1603 22ND ST-102 WEST DES MOINES IA 50266		250.00	<input type="checkbox"/>
09/23/2009	ID# 8431 CK# 7343	KOCH PAC 600 1457 NW - 800 WASHINGTON DC 20005		500.00	<input type="checkbox"/>

SUB-TOTAL

\$ 4,250.00

TOTAL (if last page of this schedule)

\$

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Page 4 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/11/09	ID# CK# 1988	DOROTHY DURAN 14 ELLIS CIRCLE COUNCIL BLUFFS IA 51503		\$ 25.00	<input type="checkbox"/>
11/11/09	ID# CK# 4674	JEANINE LARSEN 1300 ORANGE ROAD HARLAN IA 51537		50.00	<input type="checkbox"/>
11/11/09	ID# CK# 1079	DAN KINNEY 23008 BRECKMANS RD COUNCIL BLUFFS IA 51503		75.00	<input type="checkbox"/>
11/11/09	ID# CK# 1461	TOM JOHNSON POB 547 TRENTON IA 51575		75.00	<input type="checkbox"/>
11/11/09	ID# CK# 7350	DON KOHLER 124 CUMWOOD DR COUNCIL BLUFFS IA 51503		125.00	<input type="checkbox"/>
11/11/09	ID# 6484 CK# 1108	IA SOCIETY OF ANESTHETICISTS 575 SW 5TH A - 5TH A DES MOINES IA 50309	STSPAC	160.00	<input type="checkbox"/>
11/11/09	ID# CK# 3121	IOWANS FOR A SKILLED WORKFORCE 707 CLOUDET DES MOINES IA 50309		200.00	<input type="checkbox"/>
11/11/09	ID# 6663 CK# 2338	IOWA RENTAL ASSN PAC 5530 W PERRY-100 JOHNSTON IA 50301		750.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,460.00

TOTAL (if last page of this schedule)

\$

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Page 5 of 6.
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SHUMSHOR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/30/2009	ID# CK# 5480	UNION PACIFIC FUND FOR ENV 600 THIRTEENTH ST - NW 340 WASHINGTON DC 20005		\$ 250.00	<input type="checkbox"/>
12/7/2009	ID# 6107 CK# 3690	QUEST IPOC 925 HIGHT ST. DES MOINES 50309		500.00	<input type="checkbox"/>
12/9/2009	ID# 8357 CK# 7480	MICROSOFT CORP PAC 16011 NE 36TH WAY REDMOND WA 98073		250.00	<input type="checkbox"/>
12/22/2009	ID# 8052 CK# 5939	DUPONT ENV FUND 1007 MARKET WILMINGTON DE 19898		200.00	<input type="checkbox"/>
12/23/2009	ID# 6059 CK# 3429	ICAR 1111 OFFICE PARK ROAD WOT DES MOINES IA 50265		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1,400.00

TOTAL (if last page of this schedule)

\$11,739.74

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Page 6 of 6
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/07/2009	ID# CK# 1068	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	\$3,000.00
03/07/2009	ID# CK# 1069	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	100.00
05/31/2009	ID# CK# 1070	CARTER PRINTING 1739 EAST GRAND AVE DES MOINES IA 50316	PRINTING FOR POSTCARDS	267.71
08/01/2009	ID# CK# 1071	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	2,000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$5,367.71

TOTAL (if last page of this schedule) \$5,367.71

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
02/04/2009	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	N/A	POSTAGE + PRINTING FOR MAIL PIECE	\$ 467.50	<input type="checkbox"/>
02/28/2009	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	N/A	POSTAGE + PRINTING FOR MAIL PIECE	434.38	<input type="checkbox"/>
03/23/2009	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	N/A	POSTAGE + PRINTING FOR MAIL PIECE	434.38	<input type="checkbox"/>
05/28/2009	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	N/A	POSTAGE + PRINTING FOR MAIL PIECE	434.38	<input type="checkbox"/>
07/21/2009	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	N/A	INVITATIONS FOR FUNDRAISER AND POSTAGE	25.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1,795.64

TOTAL (if last
page of this
schedule) \$ 1,795.64

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)